## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

Insert Title:

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS.

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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Fill in Appropriate	the specification of which forth above and/or the fo	ollowing:					as		
Information -	The specification wa	as med on					<i>:</i>		
For Use Without	United States Application Number and amended on					(if applicable) and/or			
Specification	and amended on						as PCT		
Attached:	and amended on the specification was filed on					and was			
	the specification was filed on					(if applicable)			
	amended on	identified specifics	effication including the claims, as						
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal								
	I acknowledge the duty to disclose information which is installed to pattern of America before my or our invention.  Regulations, §1.56.								
	I do not know and do not believe the same was ever known or used in the United States of America more than one thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year year prior to this application, that the same was not in public use or on sale in the United States of America more than one year year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having								
	I hereby claim foreign priority benefits indict indicting the state of the control of the priority is certificate listed below and have also identified below any foreign application for partial gate before that of the application on which priority is claimed:								
	Prior Foreign Application(s)				•	Priority Claimed			
Insert Priority				Managed and 9 20	002	⊠	. 🗆		
Information:	69071/2002			November 8, 20		Yes	No		
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	(Number) (Country) (world) Day Teal Field,  I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed bel						sted below.		
	I hereby claim the benefit under Title 35, United States Code, 9117(e) of any Other Burney Provided apparation of the States Code, 9117(e) of any Other Burney Provided apparation of the States Code, 9117(e) of any Other Burney Provided and Apparation of the States Code, 9117(e) of any Other Burney Provided and Apparation of the States Code, 9117(e) of any Other Burney Provided and Apparation of the States Code, 9117(e) of any Other Burney Provided and Apparation of the States Code, 9117(e) of any Other Burney Provided and Apparation of the States Code, 9117(e) of any Other Burney Provided and Apparation of the States Code, 9117(e) of any Other Burney Provided and Apparation of the States Code, 9117(e) of any Other Burney Provided and Provided and Provided and Other Burney Provided and Provided Andrews and Provided Andrews and Provided and Provided and Provided and Provided and								
Insert Provisional				(DI) - D-4					
Application(s): (if any)	(Application Number)			(Filing Dat	(e)				
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	(Application Number)  (Filing Date)  All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Design						eigns) Prior to		
	All Foreign Application the Filing Date of This	ns, if any, for an Application:	y Patent or Inventor's C				31g115/ 1 1101 115		
	Country		Application Number	1	Date of Filing (Mont	th/Day/Year)			
Insert Requested Information: (if appropriate)									
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S.			William David		(Status - patented, p	ending, abandor	ned)		
Application(s): (if any)	(Application Number)		(Filing Date)						
Page 1 of 2 (Rev. 12/19/01)	(Application Number)		(Filing Date)		(Status - patented, p	pending, abandor	ned)		

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Il Name of First	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	:.						
Il Name of First or Sole Inventor; eart Name of inventor eart Date This Document is Signed	Dae jin LIM	Losan		May 1.	2003						
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ill Name of Second Inventor, if say:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	D - 1						
nee above	Eun Yeung CHANG	( WWW LOST		May	3002ر 1						
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'all Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	9						
	Residence (City, State & Country)		CITIZENSHIP	?							
	MAILING ADDRESS (Complete Street Address including City, State & Country)										
rull Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*							
	Residence (City, State & Country)		CITIZENSHIE	P							
	MAILING ADDRESS (Complete Street Address including City, State & Country)										
Full Name of Fifth Invertior, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*							
	Residence (City, State & Country)	CITIZENSHII	P								
	MAILING ADDRESS (Complete Street Address including City, State & Country)										
Foli Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*							
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\*DATE OF SIGNATURE